## **PCT**

## **REQUEST**

| International Application No. PCT/FR04/01768                 |  |
|--------------------------------------------------------------|--|
|                                                              |  |
| International Filing Date                                    |  |
|                                                              |  |
| Name of receiving Office and "PCT International Application" |  |

For receiving Office use only

| The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of receiving Office and "PCT International Application"                                                                |                                                            |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (if aesirea) (12 characters muxim                                                                                           | num) 11/3F/BR04//20                                        |  |  |  |
| Box No. I TITLE OF INVENTION  USE OF AN ANTIOXIDANT IN A DERMATOLOGICAL AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID/OR COSMETIC COMPOS                                                                                                       | ITION                                                      |  |  |  |
| Box No. II APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | This person is also inventor                                                                                                |                                                            |  |  |  |
| Name and address: (Family name followed by given name; for a leg<br>The address must include postal code and name of country. The count<br>Box is the applicant's State (that is, country) of residence if no State of r<br>THOREL Jean-Noël                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone No.  Facsimile No.                                                                                                |                                                            |  |  |  |
| 3 rue la Rochelle<br>75014 PARIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                            |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | Applicant's registration No. with the Office               |  |  |  |
| State (that is, country) of nationality: FR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State (that is, country) of res                                                                                             | sidence:<br>FR                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | United States the States indicated in the Supplemental Box |  |  |  |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IER) INVENTOR(S)                                                                                                            |                                                            |  |  |  |
| Name and address: (Family name followed by given name; for a legal The address must include postal code and name of country. The country Box is the applicant's State (that is, country) of residence if no State of residenc | This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.) |                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | Applicant's registration No. with the Office               |  |  |  |
| State (that is, country) of nationality:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State (that is, country) of reside                                                                                          | ence:                                                      |  |  |  |
| This person is applicant all designated all designated States except the United States the States indicated in the United States of America only the Supplemental Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                            |  |  |  |
| Further applicants and/or (further) inventors are indicated on a continuation sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                            |  |  |  |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                            |  |  |  |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | agent                                                                                                                       | common representative                                      |  |  |  |
| Name and address: (Family name followed by given name; for a lega<br>The address must include postal code and name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | Telephone No.<br>04 72 69 84 30                            |  |  |  |
| Cabinet GERMAIN & MAUREAU<br>BP 6153<br>69466 LYON CEDEX 06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Facsimile No. 04 72 69 84 31                                                                                                |                                                            |  |  |  |
| FRANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | Teleprinter No.                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | Agent's registration No. with the Office                   |  |  |  |
| Address for correspondence: Mark this check-box where no a space above is used instead to indicate a special address to which control of the  |                                                                                                                             | /has been appointed and the                                |  |  |  |

| Box No. V DESIGN                                                                                                                                                                                                                                                                                                                                     | NATIONS                                                                                                                                |                                                                                                                            |                                                             |                                                       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                                                            | l Contracting States bound le, for the grant of both region | by the PCT on the international and national patents. |  |  |
| However,                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| ☐ DE Germany is not                                                                                                                                                                                                                                                                                                                                  | designated for any kind of r                                                                                                           | national protection                                                                                                        |                                                             |                                                       |  |  |
| KR Republic of Kor                                                                                                                                                                                                                                                                                                                                   | rea is not designated for any                                                                                                          | kind of national protection                                                                                                |                                                             |                                                       |  |  |
| RU Russian Federat                                                                                                                                                                                                                                                                                                                                   | ion is not designated for an                                                                                                           | y kind of national protection                                                                                              |                                                             |                                                       |  |  |
| (The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.) |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| Box No. VI PRIORI                                                                                                                                                                                                                                                                                                                                    | TY CLAIM                                                                                                                               |                                                                                                                            |                                                             |                                                       |  |  |
| The priority of the following                                                                                                                                                                                                                                                                                                                        | ng earlier application(s) is here                                                                                                      | by claimed:                                                                                                                |                                                             |                                                       |  |  |
| Filing date of earlier application                                                                                                                                                                                                                                                                                                                   | Number of earlier application                                                                                                          | maticual continution.                                                                                                      | Where earlier application                                   | is:                                                   |  |  |
| (day/month/year)                                                                                                                                                                                                                                                                                                                                     | or earner approacion                                                                                                                   | national application:<br>country or Member<br>of WTO                                                                       | regional application:* regional Office                      | international application:<br>receiving Office        |  |  |
| item (1)<br>07/07/2003<br>7 July 2003                                                                                                                                                                                                                                                                                                                | 03.08288                                                                                                                               |                                                                                                                            | .,                                                          |                                                       |  |  |
| item (2)                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                            | ·                                                           |                                                       |  |  |
| item (3)                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| Further priority cla                                                                                                                                                                                                                                                                                                                                 | ims are indicated in the Supple                                                                                                        | emental Box.                                                                                                               |                                                             |                                                       |  |  |
| The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:                                               |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| all items item (1) item (2) item (3) other, see Supplemental Box                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| *Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):                                                                         |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| Box No. VII INTERN                                                                                                                                                                                                                                                                                                                                   | ATIONAL SEARCHING                                                                                                                      | AUTHORITY                                                                                                                  |                                                             |                                                       |  |  |
| Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):  ISA /EP                                                                                                                 |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):                                                                                                                                                                           |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | Country (or regional Office) FR                                                                                            |                                                             |                                                       |  |  |
| Box No. VIII DECLARATIONS                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):  Number of declarations                                                                                                                                      |                                                                                                                                        |                                                                                                                            |                                                             |                                                       |  |  |
| Box No. VIII (i)                                                                                                                                                                                                                                                                                                                                     | Declaration as to the iden                                                                                                             | Declaration as to the identify of the inventor :                                                                           |                                                             |                                                       |  |  |
| Box No. VIII (ii)                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent : |                                                             |                                                       |  |  |
| Box No. VIII (iii)                                                                                                                                                                                                                                                                                                                                   | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application : |                                                                                                                            |                                                             |                                                       |  |  |
| Box No. VIII (iv)                                                                                                                                                                                                                                                                                                                                    | Declaration of inventorship (only for the purposes of the designation of the United States of America) :                               |                                                                                                                            |                                                             |                                                       |  |  |
| Box No. VIII (v)                                                                                                                                                                                                                                                                                                                                     | Declaration as to non-pre                                                                                                              | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:                                            |                                                             |                                                       |  |  |

| Box No. IX CHECK LIST; LA                                                                                          | NGUAGE OF F           | FILING                                                                                                                    |                                        |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| ite                                                                                                                |                       | This international application is accompanied by the following the applicable check-boxes below and indicated             | lowing Number of items                 |
|                                                                                                                    |                       | item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):                     |                                        |
| request (including                                                                                                 | . 2                   | 1.                                                                                                                        | :                                      |
| declaration sheets)                                                                                                | : 3                   | 2.  original separate power of attorney                                                                                   | ;                                      |
| description (excluding<br>sequence listings and/or                                                                 |                       | <ul> <li>3.  original general power of attorney</li> <li>4.  copy of general power of attorney; reference numb</li> </ul> | ·<br>er                                |
| tables related thereto)                                                                                            | : 9                   | if any:                                                                                                                   |                                        |
| claims                                                                                                             | : 2<br>: 1            | 5. statement explaining lack of signature                                                                                 | :                                      |
| abstract<br>drawings                                                                                               |                       | 6. priority document(s) identified in Box No. VI as                                                                       |                                        |
| Sub-total number of sheets                                                                                         | : 15                  | item(s): 7. translation of international application into                                                                 |                                        |
| sequence listing                                                                                                   | :                     | (language):                                                                                                               |                                        |
| tables related thereto                                                                                             | :                     | 8.   separate indications concerning deposited microorg                                                                   |                                        |
| (for both, actual number of sheets if filed on paper,                                                              |                       | or other biological material                                                                                              | :                                      |
| whether or not also                                                                                                |                       | 9. sequence listing in electronic form (indicate type and number of carriers)                                             |                                        |
| filed in electronic form;<br>see (c) below)                                                                        | :                     | (i) copy submitted for the purposes of internations Rule 13ter only (and not as part of the internat                      | al search under tional application)    |
| Total number of sheets                                                                                             | : 15                  | (ii) (only where check-box (b)(i) or (c)(i) is marken additional copies including, where applicable,                      | d in left column) the copy for the     |
| (b) only in electronic form (Section 801(a)(i))                                                                    |                       | purposes of international search under Rule 13                                                                            | Ster :                                 |
| (i) sequence listing                                                                                               |                       | (iii) together with relevant statement as to the ident copies with the sequence listing mentioned in                      | ity of the copy or<br>left column      |
| (ii) tables related thereto                                                                                        |                       | 10.  tables in electronic form related to sequence listing                                                                |                                        |
| (c) also in electronic form                                                                                        |                       | type and number of carriers)                                                                                              |                                        |
| (Section 801(a)(ii))                                                                                               |                       | (i) copy submitted for the purposes of internations Section 802(b-quater) only (and not as part of                        |                                        |
| (i) sequence listing (ii) tables related thereto                                                                   |                       | application)                                                                                                              | :                                      |
| <ul><li>(ii) ☐ tables related thereto</li><li>Type and number of carriers (or</li></ul>                            | diskette.             | (ii) (only where check-box (b)(ii) or (c)(ii) is mark                                                                     | ed in left column)                     |
| CD-ROM, CD-R or other) on wh                                                                                       |                       | additional copies including, where applicable, purposes of international search under Section                             | 802(b-quater) :                        |
| sequence listing                                                                                                   |                       | (iii) together with relevant statement as to the ident copies with the tables mentioned in left column                    | tity of the copy or                    |
| tables related thereto                                                                                             |                       | 11. \( \times \) other (specify): Search Report                                                                           |                                        |
| (additional copies to be indicated item 9(ii) and/or 10(ii), in right o                                            |                       |                                                                                                                           |                                        |
| Figure of the drawings which                                                                                       |                       | Language of filing of the international application:                                                                      |                                        |
| should accompany the abstract:                                                                                     | D A DDY ICANIE        |                                                                                                                           |                                        |
| Next to each signature, indicate the nan  7 July 2004                                                              | me of the person sign | , AGENT OR COMMON REPRESENTATIVE ning and the capacity in which the person signs (if such capacity is n                   | not obvious from reading the request). |
| -                                                                                                                  |                       |                                                                                                                           |                                        |
| TRIPOZ Inès<br>CPI 03-0100                                                                                         |                       |                                                                                                                           |                                        |
| Cabinet GERMAIN & MAUREAU                                                                                          |                       |                                                                                                                           |                                        |
|                                                                                                                    |                       |                                                                                                                           |                                        |
|                                                                                                                    |                       |                                                                                                                           |                                        |
|                                                                                                                    |                       | For receiving Office use only                                                                                             |                                        |
| 1. Date of actual receipt of the printernational application: 7 J                                                  |                       |                                                                                                                           | 2. Drawings:                           |
|                                                                                                                    |                       |                                                                                                                           |                                        |
| <ol> <li>Corrected date of actual receitimely received papers or drather the purported international ap</li> </ol> | wings completing      |                                                                                                                           | received:                              |
| the purposited international up                                                                                    | - L                   |                                                                                                                           |                                        |
| Date of timely receipt of the corrections under PCT Articl                                                         |                       |                                                                                                                           | not received:                          |
|                                                                                                                    |                       |                                                                                                                           |                                        |
| <ol><li>International Searching Auth<br/>(if two or more are competen</li></ol>                                    |                       | 6. Transmittal of search copy delayed until search fee is paid                                                            |                                        |
| <u> </u>                                                                                                           |                       | For International Bureau use only                                                                                         |                                        |
| Date of receipt of the record copy by the International Bureau:                                                    |                       |                                                                                                                           |                                        |